

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 681

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27. 6. 89.

Full Name of Deceased, Victor R Rhode

Sex, Male or Female, {Cross out the word not required in this line. }

Age, 1 Years, 6 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1748 Belair Ave Balt. life time

Place of Death, {Give Street and Number. }

Cause of Death, {First (Primary), Second (Immediate), }

Duration of Last Sickness, ONE WEEK

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery Trap Road

Date of Burial, June 28th

Undertaker, Geo Schilling

Place of Business, Island Square Address, 100 Mulberry & Fayette St.

Louis H. Horn M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No.

682

Office of Registrar of Vital Statistics.

Ward

15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alexander Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

4

Months,

Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *none*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give Street and Number. }

1130 Clarkson alley

Cause of Death, { First (Primary), Second (Immediate), }

Thrush

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St cemetery

Date of Burial,

June 27 1887

Undertaker,

S. W. Chas

Place of Business,

S. Howard St

Address,

James H. Stenard M. D.
Crawford - 10

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward, Jr.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A. 683 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th / 87

Full Name of Deceased, Peter Jennings

Sex, Male or Female, Male

Age, Years, Months, 7 Days.

Color, Color

Married, Single, Widow or Widower, Single

Occupation, none

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, 150 W. Cross Street

Cause of Death, Echolamperia

Duration of Last Sickness, 2 days

Place of Burial, Laurel cemetery

Date of Burial, June 27 / 87

Undertaker, James A. Steen M. D.

Place of Business, Cross Street Address, Cross Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

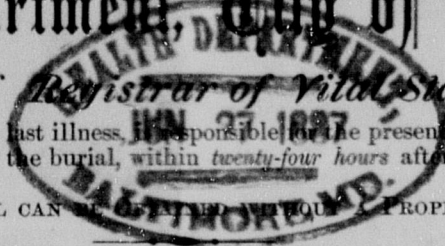
H. C. Seward, Jr.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 684 Office of Registrar of Vital Statistics. Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 26th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Frost

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 508 S. Bond St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, June 27th 1887

Undertaker, John H. Reberger M. D. Medical Attendant.

Place of Business, 732 Wisconsin Address, # 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 185 Office of Registrar of Vital Statistics. Ward 102

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law. •
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } ~~Not named~~ Otto Marchant

Sex, *Male* or *Female*, { Cross out the word not
required in this line. } *Male*

Age, _____ Years, _____ Months, ~~Four~~ Four Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not
required in this line. } X

Occupation, _____ X

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. } 116 Clay Street Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 116 Clay St Baltimore

Cause of Death, { First (Primary), } *asthma*
 { Second (Immediate), }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, *St. Michaels Cemetery* N

Date of Burial, June 27 the 82

(Undertaker, Belx 183, 1840 Condeurall) M. D.

Place of Business 1837 Chicago Ill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A. 686 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Dwyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 8 Months, 8 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give Street and Number. } 17 Washington Ave

Cause of Death, { First (Primary), Second (Immediate), } Cholera Inf

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 27, 1887

Undertaker, J. J. Corvan

Place of Business, Holmes & Phipps Address, 677 Columbia Ave

R. C. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 687

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Harrison

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 16 Years, 3 Months, Days.

Color, Colored

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Calvert County Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, { Give street and number } 706 Vincent Alley

Cause of Death { First, (Primary,) Typcho Malarial Fever. Second, (Immediate,)

Duration of last Sickness, Two weeks. Came to Balt. ill from the country, died two days after he arrived. This is all I can learn about the case.

All the above information should be furnished by the Physician.

Place of Burial, Sharps & Co. Cemetery

Date of Burial, Jun 27 1887

Undertaker, William Dunbar

Place of Business, 150 Port St. Address, 711 Cary St.

Geol. Ogle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 488 Office of Registrar of Vital Statistics.

Ward 18th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Everitt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 7 Months, 18 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balto

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 1136 Scott St

Place of Death, { Give Street and Number. } 1136 Scott St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 28/87

{ Undertaker, J. B. Cook Geo R Graham M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore 25 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department Baltimore.

Permit No.

689

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

26th June 1887
Joseph Wilhelm Gray (junr)

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age, 8 Years, 8 Months, 2 Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

813 Scott St

Duration of Residence in the City of Baltimore,

8 months

Place of Death,

{ Give Street and Number. }

813 Scott St

Cause of Death,

{ First (Primary),

Second (Immediate),

feebly
apex

Duration of Last Sickness,

a few days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem.

Date of Burial,

June 27th 1887

Undertaker,

Th. J. Wilson

Place of Business,

746 Columbia Ave

Address,

252 Pearl St Bldg

M. D.

Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

690

Office of Registrar of Vital Statistics.

Ward

8th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Rooney

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 43 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Blacksmith

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bacto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1022 McMillan St

Cause of Death, { First (Primary), Second (Immediate), } Morbunt

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, June 26th

Undertaker, H. K. Wiedefeld

Place of Business, 916 Greenmount Address, 712 Calvert

Medical Attendant.

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[OVER.]